## **BEST AVAILABLE COPY**

Effective October 1, 2000													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER (Column 1) (Column 2) TYPE OR SMALL E													
TOTAL CLAIMS			40					RATE	FEE	1	RATE	FEE	İ
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			90 minus 20=		.70			X\$ 9=	630	OR	X\$18=		
IND	EPENDENT CL	AIMS	7 minus 3 =		• 4			X40=	160	OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column								TOTAL	114B	J i i	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL		OR	OTHER SMALL		
AMENDMENT A	129123	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 84	Minus	••		a .	1	X\$ 9=		OR	X\$18=		
	Independent	• 7	Minus	***	,	=		X40=		OR	X80=	,	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+135=		OR.	+270=		
							ł	TOTAL			FOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)		ADDIT. FEE	<u> </u>		AUDII. FEG	-	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		1
	Independent	•	Minus			=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		1	+135=		OR	+270=		
						•	ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		į
		(Column 1)		(Colu	mn 2)	(Column 3)		10011.122			70011.122		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	•	Minus	••		=	] [	X\$ 9=		OR	X\$18=	7	
	Independent	•	Minus	•••		=		X40=		OR	X80=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		<b>J</b>	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2 write "0" in column 3.													l
	If the "Highest Nu	imber Previously F imber Previously F nber Previously Pa	Paid For IN Th	HIS SPACE	is less that	an 3, enter "3."	-	ADDIT. FEE	propriate bo		ADDIT. FEE		

**Application or Docket Number**